

| | | | | | |
|--|--|---|----------------------|---|----------------------|
| AO 435 (Rev. 04/11) | | Administrative Office of the United States Courts | | FOR COURT USE ONLY | |
| TRANSCRIPT ORDER | | | | DUE DATE: | |
| <i>Please Read Instructions:</i> | | | | | |
| 1. NAME Linda Sullivan | | 2. PHONE NUMBER (253) 593-6710 | | 3. DATE 2/9/2017 | |
| 4. MAILING ADDRESS c/o FPD; 1331 Broadway, Ste 400 | | 5. CITY Tacoma | | 6. STATE WA | 7. ZIP CODE 98402 |
| 8. CASE NUMBER 16-CR-5073 RBL | 9. JUDGE Leighton | DATES OF PROCEEDINGS | | | |
| | | 10. FROM 2/5/2016 | | 11. TO 1/23/2017 | |
| 12. CASE NAME U.S. v. Daniel Seth Franey | | LOCATION OF PROCEEDINGS | | | |
| | | 13. CITY Tacoma | | 14. STATE WA | |
| 15. ORDER FOR | | | | | |
| <input checked="" type="checkbox"/> APPEAL | | <input checked="" type="checkbox"/> CRIMINAL | | <input type="checkbox"/> CRIMINAL JUSTICE ACT | |
| <input type="checkbox"/> NON-APPEAL | | <input type="checkbox"/> CIVIL | | <input type="checkbox"/> BANKRUPTCY | |
| | | <input checked="" type="checkbox"/> IN FORMA PAUPERIS | | <input type="checkbox"/> OTHER | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input checked="" type="checkbox"/> SENTENCING | | 01/23/2017 | | Mtn Continue | |
| <input type="checkbox"/> BAIL HEARING | | | | Plea | |
| | | | | 04/01/2016 | |
| | | | | 07/12/2016 | |
| 17. ORDER | | | | | |
| CATEGORY | ORIGINAL <small>(Includes Certified Copy to Clerk for Records of the Court)</small> | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS |
| ORDINARY | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | NO. OF COPIES | | |
| 14-Day | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| EXPEDITED | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| DAILY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 |
| 18. SIGNATURE s/ Linda Sullivan | | | | PROCESSED BY | |
| 19. DATE 2/9/2017 | | | | PHONE NUMBER | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | |
| | | | | | |
| ORDER RECEIVED | | DATE | BY | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | 0.00 |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | 0.00 |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | 0.00 |

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY